

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

FILED/EFFECTIVE

00 APR 27 AM



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

EXTRA INNINGS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

QUAD PARK INC.
C 78035

1100 PINES RD
POST FALLS ID 83854

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Philip C. WATERS
1501 N. VELORA DRIVE
POST FALLS IDAHO 83854.

5. Name and address for this acknowledgment copy is (if other than # 4 above):

SAME

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

04/27/2000 09:00
CK: 12722 CT: 130300 IN: 312768

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 35320

Signature: Philip C. Waters

Printed Name: PHILIP C. WATERS

Capacity: SR. VICE PRESIDENT

(see instruction # 8 on back of form)

(MANAGER)

Revised 2/97

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